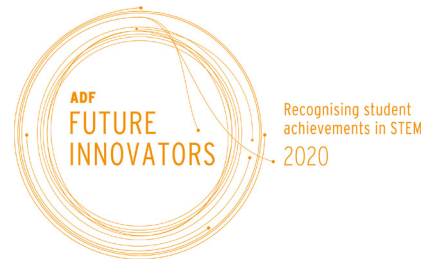


ADF FUTURE INNOVATORS AWARDS
SCHOOL AWARD PAYMENT TO STUDENT
CONFIRMATION FORM



PLEASE PRINT IN BLOCK CAPITALS

FULL NAME OF RECIPIENT:

EMAIL OR MOBILE:

AWARD YEAR: YEAR LEVEL OF AWARD: 10 12

SCHOOL AT WHICH PRESENTED:

AWARD PAYMENT AMOUNT: \$.

I, named above, confirm that I have received the above ADF Future Innovators Awards payment in full from the aforementioned school that nominated me for the award.

All signatories to this form understand and agree that the information that has been provided here will be used by the ADF Future Innovators Awards Administrative Team to ensure the guidelines applicable to Special Provision payments have been adhered to:

SIGNATURE:

DATED:

SCHOOL CONFIRMATION

I, _____, the authorised Special Provisions Liaison for the above named school, do hereby confirm that full payment of the award payment specified above has been made to the recipient named above.

SIGNATURE:

SCHOOL STAMP TO BE AFFIXED BELOW

DATED:

Completed form to be submitted to FIA Admin Team via:

- ONLINE:** School portal contact form
- EMAIL:** adffutureinnovators@dataresponse.com.au
- MAIL:** PO Box 235, Ormond, VIC, 3204

For any assistance or queries, please phone 1300 862 663



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